U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File N	umber U- 381		2. Fiscal Y	ear Covered From:		
	,		1	/ 1 / 2004 Through:	12 / 31	/2004
3. Name	and address of person filing.		4. Name,	file number, and address of labor orga	nization.	
Name	Jason K	Gateley	Name Labor C	Professional, Cleric Employees, Teamsters 995 Iganization File Number 066-7	Local Un	
P.O. B	ox, Bldg., Room No., if any	N/A	P.O. Bo	x, Building and Room Number, if any	N/A	
Street	7341 Alpine Ridge	St.	Street	300 Shadow Lane		
City	Las Vegas		City	Las Vegas		
State	Nevada	ZIP Code + 4 89131	State	Nevada	ZIP Code + 4	89106-4306
5. Positi	on in labor organization. O	rganizer/ Business Age	ent			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name N/A					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed	On	7/11/05 Date	702-656-2921 Telephone Number			

Form LM-30 (2003)

B. Held an interest in or derived income of substantial part of which consists of buying of an employer whose employees your la (2) any part of which consists of buying fridealing with your labor organization or with	g from, selling or leasing to, o bor organization represents or om or selling or leasing directi	or otherwise dealing with the business r is actively seeking to represent, or ly or indirectly to, or otherwise			
8. Name and address of Business (including	ng trade name, if any).	9. Business deals with:			
Name Trade Name, if any:		a. Labor Organization			
P.O. Box, Bldg., Room No., if any		b. Trust			
Street		c. Employer			
City					
State	ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street		11.b. Approximate dollar value of such dealing.			
City		12.a. Nature of interest held or income received.			
State	ZIP Code + 4				
		12.b. Amount.			

Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Teamsters Security Fund for Southern Nevada Trade Name, if any:	I am a Trustee for the Trust Fund. Being a Trustee requires attendance at Trust Fund educational seminars. In 2004, I attended an educational conference in New Orleans, LA from 11/29/04 - 12/5/04.		
P.O. Box, Bldg., Room No., if any 600 Street 101 Convention Center Drive City Las Vegas	In addition, at the conference, I also attend a banquet, hosted by wells Capital Management for Trust Fund Trustees. The estimated value of the dinner is \$75.00		
State Nevada ZIP Code + 4 89109	Cost of attendance at conference -2239.08		
13.b. Is the Business an Employer X or Consultant ? Health & Welfare Trust	14.b. Amount of payment. \$ 2314.08		

TRUSTEE EXPENSE VOUCHER

Jason Gattley
THIS VOUCHER IS FOR:
□ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT
HELD ON (Date(s) of M setting)
EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT
OTHER: (Describe Reason for Incurring Expenses)
MY DATE OF DEPARTURE 2900 09 MY DATE OF RETURN 5 6EC 04
EXPENSES TRANSPORTATION EXPENSES:
Airfare, Train, Bus\$
☐ Rental Car Expense\$
DAILY EXPENSES:
□ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 2239.08
MEETING REGISTRATION FEE:
☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)\$
SETTLEMENT
TOTAL EXPENSES WHICH I INCURRED. LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY). \$ 2239.08 \$ 2550.00 EQUALS. \$ 3/0.92
OR
AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT\$ I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE. DATED THIS 974 DAY OF 6.2., 20 94.
(Signature of Trustee) 300 Shabow Low Structure of Trustee) (Address and City)
NOTE-TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation chart es, notel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contatins a charge for a meel for one or more family members, subtract that amount and indicate on the bill that only the belance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

DAILY EXPENSES (A	TTACH RECEIPT	'S FOR ALL MEAL EXI	PENSES AND AN	IY SINGLE ITEM OF \$2	5 OR MORE):
DATE: EN 29NO	J 04	DATE 30 NOU 0		DATE: / DEC OY	<u> </u>
HOTEL ROOM PLUS TAX	~ \$239.17	HOTEL ROOM PLUS TAX	V/231.17	HOTEL ROOM PLUS TAX	132/7
BREAKFAST & TIP	\$ <u>Ø</u>	BREAKFAST & TIP	√8 <u>13.3\$</u>	BREAKFAST & TIP	1 7.58
LUNCH & TIP	s <u>B</u>	LUNCH & TIP HELEN	190.91	LUNCH & TIP	\$
DINNER & TIP	15 42.00	DINNER & TIP	49.70	DINNER & TIP + HELEN	~\$ 185.79
BEVERAGES & TIP	\$_ 	BEVERAGES & TIP	1 <u>B.18</u>	BEVERAGES & TIP	s
PORTERS-BELLMEN	\$ <u>5.0</u> 0	PORTERS—BELLMEN	1 3.00	PORTERS-BELLMEN	\$
LIMOS-TAXIS BUSES	° s <u>/3,00</u>	LIMOS-TAXIS-BUSES	! <u>Ø</u>	LIMOS-TAXIS-BUSES	\$ <u>Ø</u>
	\$	(0)	_ \$_ Ø		_ \$_ <u>Ø</u> _
(Other)	Vs 299.17	(Other) TOTAL THIS DATE	1,354,31	(Other) TOTAL THIS DATE	1,432.54
TOTAL THIS DATE	V SCITILY	TOTAL THIS DATE	300 - 1	TOTAL THIS DATE	\$ <u> </u>
DATE: ZDECO	4	DATE: 3 DEC 09	,		
HOTEL ROOM PLUS TAX	V\$ 239.17	HOTEL ROOM PLUS TAX	V5 239.17		
BREAKFAST & TIP	s <u>ø</u>	BREAKFAST & TIP	15 6.26		
LUNCH & TIP	s Ø	LUNCH & TIP	s Ø		
DINNER & TIP	/s 89.51	DINNER & TIP W/ HELEN /\$ 160.81		IF MORE THAN I	
BEVERAGES & TIP	s /D	BEVERAGES & TIP	\$ <u>Ø</u>	ATTACH AN ADD VOUCHER SHEE	
PORTERS-BELLMEN	\$ 300	PORTERS-BELLMEN	s Ø	VOOG RET GIRE	••
LIMOS-TAXIS-BUSES	s	LIMOS-TAXIS-BUSES	s		
	_ s <u>Ø</u> _		_ s <u>\$</u>		
(Other)	J.331.68	(Other)	1. (10/: 2)	1	
TOTAL THIS DATE	\$ \$331.00	TOTAL THIS DATE	15 406.25	f	
TOTAL OF ALL DAILY EXPE	NSES \$	=			
	(Transfer amo	unt to front side of voucher)			
EXPLANATIONS (IF NEEDED):	11 - (1
				ch are not related to fund bu not reimbursable expenses.	siness. For example,

DISCLAIMER

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROPAL OF TRUST OFFICERS (IF REQUIRED).

The international Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters. This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices, and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's need to customize the form to reflect your Fund's policies and circumstances.

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DAILY EXPENSES (A	TTACH RECEIPT			Y SINGLE ITEM OF \$2	5 OR MORE):	
DATE: 4 DEC 04		DATE: 5 DEC 04		DATE:		
HOTEL ROOM PLUS TAX	V\$ 239.17	HOTEL ROOM PLUS TAX	\$ 207	HOTEL ROOM PLUS TAX	\$	
BREAKFAST & TIP	Vs 10.82	BREAKFAST & TIP	\$ P	BREAKFAST & TIP	\$	
LUNCH & TIP	/s 44.81	LUNCH & TIP	12.16	LUNCH & TIP	\$	
DINNER & TIP	/s 70.10	DINNER & TIP	ş	DINNER & TIP	\$	
BEVERAGES & TIP	\$ <u>#</u>	BEVERAGES & TIP	s 7.08	BEVERAGES & TIP	\$	
PORTERS-BELLMEN	\$ <u>#</u>	PORTERS-BELLMEN	\$ 3.00	PORTERS-BELLMEN	\$	
LIMOS-TAXIS-BUSES	\$ <u>_Ø</u>	LIMOS-TAXIS BUSES	Vs 28.00	LIMOS-TAXIS-BUSES	\$	
	\$ <i></i>				_ \$	
(Other)	Vs.364.90	(Other)	V. 50.39	(Other) TOTAL THIS DATE	•	
TOTAL THIS DATE	\$ <u>367.1</u> 0	TOTAL THIS DATE	, <u>JJ.</u>	TOTAL THIS DATE	2	
D. ATTE		DATE:				
DATE:		HOTEL ROOM PLUS TAX	\$			
HOTEL ROOM PLUS TAX BREAKFAST & TIP	\$ \$	BREAKFAST & TIP	\$			
	\$ \$	LUNCH & TIP	\$			
LUNCH & TIP		DINNER & TIP	\$	IF MORE THAN	FIVE DAYS,	
DINNER & TIP	\$			ATTACH AN ADE	DITIONAL	
BEVERAGES & TIP	\$	BEVERAGES & TIP	\$	VOUCHER SHEE	T	
PORTERS—BELLMEN	\$ \$	PORTERS—BELLMEN	\$ \$			
LIMOS-TAXIS-BUSES	5	LIMOS-TAXIS-BUSES	3			
(Other)		(Other)	_ •			
TOTAL THIS DATE	\$	TOTAL THIS DATE	\$			
TOTAL OF ALL DAILY EXPENSES \$ 2239. 08 (Transfer amount to front side of voucher)						
EXPLANATIONS (IF NEEDED):						
"Reimbursable expenses" shall not include expenses of a personal nature or those expenses which are not related to fund business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.						

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